

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 3.1-A
Item 12c, Page 1

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION Medical and Remedial
42 CFR Care and Services
440.120 Item 12c

Prosthetic Devices are provided with limitations as follows:

Prior authorization is required for the purchase of supplies and the rental, purchase, or repair of medical equipment and appliances before payment can be issued. (Also see Medicaid Eligibility Manual Section O-200 regarding Prior Authorization.) Providers of medical equipment, appliances and supplies shall submit requests for approval of all repairs, rentals, and purchases of items to the Prior Authorization Unit (PAU) (the extant unit of the former Medical Social Review Team) by whom authorization is made.

Supplies and equipment are not rented or purchased for an individual in a hospital; upon discharge, if the discharge plan includes the items, they are provided by Medicaid in the outpatient setting.

For Medicaid beneficiaries enrolled in Medicare Part B and for whom medical equipment, appliances and supplies are covered by Medicare, no prior authorization is required. Medicare is billed prior to Medicaid. EXCEPT: For dual eligibles (Medicare/Medicaid beneficiaries), a few items which are not covered by Medicare may be covered by Medicaid if prior authorization is obtained. (For a listing of these items, see the latest revised section of the Medicaid Eligibility Manual, Professional Services Provider Manual and Provider Updates pertaining to Durable Medical Equipment.)

If the item is not covered by Medicare, the request will be processed as if it were being processed for non-Medicare beneficiaries.

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42 CFR Care and Services
440.120 Item 12c (Contd.)

Nursing Home Residents

Coverage of ventilator equipment for dually eligible Medicare and Medicaid beneficiaries in a Skilled Nursing Facility cannot begin until after the first twenty (20) days of Medicare coverage are exhausted.

Nursing Homes are required by Long Term Care (LTC) Standards for Payment requirements to provide certain durable medical equipment and appliances and medical supplies as part of their per diem rate. (Refer to the Standards for Payment Manual, Medicaid Eligibility Manual, Professional Services Provider Manual and Provider Updates.)

Requests

The purchase of supplies and the rental, purchase or repair of medical equipment and appliances shall be considered when:

- the item is medically necessary because it is needed by a beneficiary who has a serious impairment to:
 - enhance well-being;
 - prevent further impairment; or
 - increase self-care or reduce care provided by others;
- the item is not available through another agency at not cost (i.e. Vocational Rehabilitation);
- the item is covered by Medicaid;

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- no equally effective and less costly course of treatment is available or suitable; and
- the item is primarily medical in nature and is not a convenience item.

Requirements for Approval

A request for purchase of supplies or rental/purchase of medical equipment and appliances will be considered for approval when the request includes:

- medical information from a physician, including:
 - a written prescription from a licensed physician;
 - the diagnosis related to the request;
 - the length of time that the supplies, equipment or appliance will be needed; and
 - other medical information to support the need for the requested item.
- a statement as to whether the beneficiary's age and circumstances indicate that he can adapt to or be trained to use the item effectively;
- a medical care plan which includes a training program for any appliance which requires skill and knowledge to use;
- any other pertinent information, such as measurements to assure correct size of appliance; and

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<u>CITATION</u>	Medical and Remedial	o	a written price quotation including any cost for an
42 CFR	Care and Services		initial adjustment, freight charges, delivery and/or
440.120	Item 12c (Contd.)		set up of the item.

Purchase vs. Rental

If equipment is needed temporarily, it may be more cost effective for Medicaid to pay for rental of the item. Consideration is given to the length of time the equipment is needed and the total rental for that period of time and the purchase price of the item. Equipment is purchased, not rented, if the total cost of rental exceeds the purchase price.

Time Limits

DHH is required to make a decision on all requests for prior approval of purchase of supplies or purchase, rental, or repair of medical appliances and equipment as soon as possible after receipt of the complete request from the provider but no later than:

- o two working days for an emergency request or
- o 25 days for a non-emergency request.

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If a complete request is not acted upon by the PAU within the allowable time frames, the item shall be automatically approved. The beneficiary is allowed the freedom to choose any Medicaid enrolled provider to supply the item. If the chosen provider will not provide the item at or below the approved cost, the beneficiary must be offered the opportunity to choose another provider if Medicaid is to cover the item. The Bureau representative shall assist the beneficiary in locating a provider, if necessary.

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CITATION MEDICAL AND REMEDIAL
42 CFR CARE AND SERVICES
440.130 Item 13.d.

Other Diagnostic, Screening, Preventive, and
Rehabilitative Services, i.e., other than
those Provided Elsewhere in this Plan

I. Rehabilitation Clinic Services

- A. Upon PRIOR APPROVAL by the Prior Authorization Unit, Bureau of Health Services Financing, payment for rehabilitation services provided by Title XVIII certified public or private rehabilitation centers, or hospital outpatient rehabilitation units will be made in accordance with an established payment schedule. Rehabilitation Services include occupational therapy, physical therapy and speech, language and hearing therapy. Rehabilitation Services covered under Medicaid do not include the following:

- (1) Vocational or developmental evaluations, or
- (2) Voice evaluations or therapy. This includes instructions in use and hygiene of the voice as treatment for vocal cord nodules or hoarseness and related conditions, unless it is serious enough to interfere with normal speech.

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<u>CITATION</u>	<u>MEDICAL AND REMEDIAL CARE AND SERVICES</u>	<u>B.</u>
42 CFR 440.130	Item 13.d. (Con't)	Approval will be based on specific criteria and conditions related to the medical recommendations for rehabilitation services and the plan of service proposed by the rehabilitation services provider. Plans for meeting the cost, if any, of transportation and boarding arrangements for the individual to secure the services must be part to the plan.

The Prior Authorization Unit shall recommend approval of rehabilitation plans for individuals who are likely to realize substantial gains in self-care, self-help or rehabilitation. Self-care and self-help are defined as the ability of the individual to take care of personal needs, e.g., eating, dressing, ability to walk, talk, or use devices unassisted. Rehabilitation is defined as a program to prevent further impairment of physical deformity and malfunction, and enable the individual to significantly increase his ability to require less care by others. Less care by others is defined as the ability of the client to use a minimum of assistance to take care of personal needs. Optimum utilization of the device will be an additional criteria when prosthesis training is involved. BHSF does not have a program for long term therapy or maintenance therapy.

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440.130 Item 13.d. (Con't)

Other resources such as Handicapped
Children's Services, school therapy
programs, and community resources
should be considered.

C. The following conditions shall be met:

- (1) Referral for services has been made by a licensed physician and the Prior Authorization Unit, Bureau of Health Services Financing has a copy of his recommendations to the provider. The recommendation must include the diagnosis, date of accident, or onset of illness, the address of the referring physician, his specialty, if known, and the date of the referral.
- (2) The rehabilitation services provider has evaluated the client and a copy of the proposed plan of services includes Form RC-1 and the physician's statement of referral has been sent to State Office. BHSF will not pay for vocational or development evaluations or voice evaluations or voice therapy as specified in Item 13.d., I., A., above.
- (3) The Bureau of Health Services Financing, with the advice of the Prior Authorization Unit has approved the Plan.
- (4) The rehabilitation services provider has agreed to provide progress reports to State Office as recommended by the Prior Authorization Unit when the plan is approved.

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LIMITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	Medical and Remedial	II. Mental Health Rehabilitation Services
42 CFR	Care and Services	
440.130	Item 13.d. (cont'd.)	A. Definition

Mental Health Rehabilitation services are those medically necessary services recommended by a physician or other licensed practitioner of the healing arts and provided by or under the supervision of a physician or a licensed mental health professional which are necessary to reduce an individual's disability resulting from mental illness and to restore that individual to his best possible functioning level in the community.

B. Mental Health Rehabilitation Service Components

1. Assessment

Assessment is a comprehensive, integrated series of procedures conducted largely in the recipient's or his family's daily living environment to determine strengths and needs with regard to functional skills and environmental resources that will enable the recipient to attain a successful and satisfactory community adjustment.

Assessment procedures at a minimum include, but are not limited to the following:

- a) review of the Standardized Clinical Evaluation(s) and other pertinent records;
- b) face-to-face strengths assessment with the recipient or child/family which must be completed by the clinical manager;
- c) key informant interview(s);
- d) observations in natural settings;

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Att. 3.1-A, Item 13d, p. 13 (TN 95-49)
Att. 3.1-A, Item 13d, p. 14 (TN 95-10)

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42 CFR	Care and Services	e) review of assessment by licensed physician of past history of all medications and current medications, specifying issues of polypharmacy and untoward responses;
440.130	Item 13.d. (cont'd.)	f) standardized functional assessment scale;
		g) Integrated Summary and Prioritized Strengths/Need List organized by life areas; and
		h) update of the MHR Assessment.

2. Service Agreement

The service agreement is a written document which identifies the goals, objectives, action strategies, and services which have been agreed upon by the agency and the adult recipient or child recipient and family. The service agreement must be based on the Assessment and must address at least two Life Areas.

The service agreement is developed by a team which at a minimum consists of the clinical manager and the adult recipient or child recipient and family.

The agreement is to be submitted in the format defined by the Office of Mental Health and must be approved by the Office of Mental Health prior to the delivery of services.

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42 CFR Care and Services
440.130 Item 13. d.(cont'd.)

3. Service Package

A service package is a defined range of appropriate interventions based on medical necessity criteria.

Service packages are derived from the following menu of services:

clinical management
medication management
individual intervention
parent/family intervention
group counseling
behavior intervention development
individual psychosocial skills training
group psychosocial skills training
service integration
supportive counseling

The individualized mix of services for any individual is specified on the 90 day action strategy of the Service Agreement. In order to ensure that adequate services are available, the quantity of services authorized on the 90 day action strategy is 125% of the average quantity of services necessary to achieve the desired outcome.

C. Service Definitions

Clinical Management provides ongoing clinical direction, oversight, and coordination of services. Specifically, clinical management assures active consumer involvement, coordinates and manages mental health services provided, and assures access to and coordinates services from various sources.

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